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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Seneca Federal, Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROм: Leonard Dobala		
Name	(Printed or typed)	
P.O. Box 21689		
	Address	***************************************
Sarasota, FL. 34276	State & Zip	
941-928-4400 Daytime T	elephone number	· · · · · · · · · · · · · · · · · · ·
roland@6585bill.com E-mail address: (to be used	d for future annual repor	t notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

*NAME* 

ARTICLE I The name of the	Seneca Federal Inc corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		ress, if different is:
	2463 Waneta Dr.	P.O. Box 21689	070
	Sarasota, Fl. 34231	Sarasota, FL. 34	276
ADTICLE III	DIRDOCE	· <u> </u>	
ARTICLE III The purpose for	which the corporation is organized is:		
Investments	5		TALLOGE IN THE SECOND IN THE S
	~		OF P
ARTICLE IV			mire 1 maries
The number of si	hares of stock is:1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	rors	冠 0
	Title:Leonard Dobala President		Qmi T
Address:	2463 Waneta Dr.	Address:	
	Sarasota, Fl. 34231		
Managari	TA		
Address:	Title:	Address:	
Address.			
Name and	Title:	Name and Title:	
Address:	-		
	REGISTERED AGENT		
Name:	<u>llorida street address</u> (P.O. Box NOT acceptable Leonard Dobala		
Address:	2463 waneta dr	<del></del>	
	Sarasota, Fl. 34231		
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Leonard Dobala		
Address:	2463 Waneta Dr		
	Sarasota, Fl. 34231	<del></del>	
	med as registered agent to accept service of pr am familiar with and accept the appointment a		
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree j		
$\mathcal{A}$			
V KI	Required Signature/Incorporator		Date
	f requiremorginature/interporator		